


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-03-2008 90191 050 ***150.00

DOCUMENT # 571711 1. Entity Name MEADOWBROOK LAKES SECTION "C" RECREATION CENTER, INC.	
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Principal Place of Business 414 SOUTHEAST 10TH STREET APT 203 DANIA BEACH, FL 33004 US	Mailing Address PO BOX 92 DANIA BEACH, FL 33004 US
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66004007



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1872779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAPID TAX C/O ROBERT YOUNG 124 S FEDERAL HIGHWAY DANIA, FL 33004
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and use if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSKE, SALLY 425 SE 11TH TERR APT 202 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELLO, RUTH 1024 SE 4TH AVE APT 105 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARTRIDGE, DENNIS 414 SE 10TH ST APT 104 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DEMYON, JENNIE 415 SE 11TH TERRACE APT 105 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

954-920-1040
Daytime Phone #